FCC Form 555 November 2012

## Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

ARIZONA	
State (An Eligible Telecommunications Carrier (ETC) provides Lifeline service). REQUESTED	) must provide a certification form for each state in which it
REQUESTED	GLOBAL CONNECTION INC. OF AMERICA
Study Area Code(s) (SAC)	ETC Name(s)
GLOBAL CONNECTION INC. OF AMERICA	STAND UP WIRELESS
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	SEE ATTACHED
	documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial
(List the specific SAC(s) for which you are ma areas within the state. Attach additional shee	tking this certification if it is not applicable to all of your study
AND/OR	
ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI) t	ns consumer eligibility by relying on rogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an other thousand the certification for the Study Area(s) listed
	tking this certification if it is not applicable to all of your study

areas within the state. Attach additional sheets if necessary).

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<u>Section 2</u>: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

A	В
Number of	Number of
Subscribers	Lines
Claimed on	Claimed on
May FCC	May FCC
Form(s) 497	Form(s) 497
	Provided to
	Wireline
	Resellers
0	0

С	D	E =C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

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I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N Subscribers De-Enrolled for Non-Usage	
Month		
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	

Ela W. Sinth	EDWARD SMITH	
Signature of Officer	Printed Name of Officer	
CFO	1/31/2013	
Title of Officer WILLIAM MORAN	Date 678-741-6253	
Person Completing this Certification Form	Contact Phone Number	

SPIN	143034313		
State	Туре	SAC#	Effective
AL	Wireline	259028	2/23/2010
AR	Wireline	409013	6/29/2010
AR	Wireless	409023	4/19/2011
GA	Wireline	229016	2/23/2011
LA	Wireline	279039	12/14/2010
LA	Wireless	279043	3/21/2011
MD	Wireless	189015	3/30/2011
MI	Wireline	319025	3/18/2010
MI	Wireless	319030	6/26/2012
NC	Wireline	239021	4/26/2010
FL	Wireline	219016	10/10/2011
МО	Wireless	429018	11/5/2011
WVA	Wireless	209025	10/4/2011
WI	Wireless	339036	8/30/2012
KS	Wireless	419027	10/8/2012
SC	Wireless	249018	11/8/2012
GA	Wireless	229022	10/16/2012
AZ	Wireless		10/17/2012
TX	Wireless	449073	11/5/2012
PA	Wireless	179018	9/13/2012
PR	Wireless		9/6/2012